point estimates and 90% confidence intervals for the ratios of the central values for C_{max}, AUC(0-tlqc), and AUC(0-inf), and is summarized in Table 6.

TABLE 6

Relative Bioavailability of Febuxostat Following Administration of a Single Oral Dose of 80 mg Febuxostat

Parameter	Point Estimate	90% Confidence Interval
Regimen A vs Regimen B		
Cmax	1.03	(0.917, 1.149)
AUC(0-tlqc)	1.04	(0.927, 1.156)
AUC(0-inf)	1.05	(0.924, 1.189)

Regimen A: Febuxostat 80 mg (two 40 mg encapsulated tablets) QD for 7 consecutive days and a single oral dose of theophylline, anhydrous 400 mg tablet on Day 5.
Regimen B: Matching Placebo for febuxostat 80 mg (two 40 mg encapsulated tablets) QD for 7 consecutive days and a single oral dose of theophylline, anhydrous 400 mg tablet on Day 5.
Note:
The point estimates and confidence intervals were obtained from the exponentiated results of analysis of the natural logarithm transformed data.

From the statistical analyses of the pharmacokinetic data, the point estimates for theophylline C_{max}, AUC(0-tlqc), and AUC (0-inf) were close to 100%, and the 90% confidence intervals for the ratios were within the bioequivalence limit of 0.80 to 1.25.

The results of this experiment showed that the maximum observed theophylline concentration (C_{max}) and exposure to theophylline (AUC) were comparable between treatment with febuxostat and treatment with placebo. Therefore, no adjustment of the theophylline dose was needed when coadministered with febuxostat.

What is claimed is:

1. A method of co-administering febuxostat and theophylline to a hyperuricemic patient suffering from gout, the method comprising the steps of:

administering to the hyperuricemic patient suffering from gout a therapeutically effective amount of febuxostat in a dose of 80 mg; and

administering to the patient a therapeutically effective amount of theophylline subsequent to the administration of the febuxostat without adjusting the amount of theophylline administered for adverse drug interactions.

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